



Commonwealth of Massachusetts

Executive Office of Environmental Affairs

# Department of Environmental Protection

Metro Boston/Northeast Regional Office

William F. Weld  
Governor

Daniel S. Greenbaum  
Commissioner

OCT 18 1993

Mr. Richard T. Leary  
Town of Brookline  
333 Washington Street  
Brookline, MA 02146

RE: BROOKLINE - Solid Waste  
Transfer Station  
Permit by Rule  
Transmittal No.: 71365  
Permit No.: NESW-TS-029  
Facility ID No.: TR0046.003

Dear Mr. Leary:

The Metropolitan Boston/Northeast Region, Department of Environmental Protection, Division of Solid Waste Management, (the "Department") has received your Application BWP SW 34 Permit by Rule for the existing Brookline Transfer Station. The Department notes that the Brookline Transfer Station was approved by the Department on January 30, 1975. The Brookline Transfer Station was established by converting the then existing Brookline incinerator to a solid waste transfer station facility. The Brookline incinerator was established by the Town in 1947. Pursuant to 310 CMR 16.05(3)(b) the use of the site as a transfer station is an authorized use under the sites grandfathered rights to MGL c III, section 150A as an incinerator.

The Brookline Transfer Station is owned by the Town of Brookline and operated by Arthur Schofield, Inc., Wayland, MA. Arthur Schofield is under contract with the Town of Brookline, until 1996, for the loading and disposal of its Solid Waste.

The Brookline Transfer Station has been previously approved by the Department, on the date referred to above, to receive up to one hundred thirty-five (135) tons per day of municipal solid waste. The facility has not been approved to receive any Special Waste.

The Department has determined that the Permit by Rule Application fulfills the conditions of 310 CMR 19.023(3) and that the Brookline facility is in compliance with the requirements of 310 CMR 19.200 et seq., "Transfer Station Design and Operations Standards".

For the reasons noted above, the Department hereby approves your application for a Permit by Rule for the Brookline Transfer Station subject to the following conditions:

1. Periodic examination of the transfer station site shall be conducted by a representative of the Town of Brookline

- or their consultant, experienced in solid waste activities. This examination shall include a check of the area for the presence of any odors or other nuisances. If odors or other nuisances are present, it shall be immediately reported to the Board of Health and appropriate steps shall immediately be taken by the Town of Brookline Board of Selectmen to abate the nuisance condition(s).
2. The Town of Brookline shall submit an annual report summarizing the facility's operations for the previous calendar year to the Department's Northeast Regional Office, not later than February 15th of each calendar year. The annual report shall include, but not necessarily be limited to:
    - a. A summary of the year's receipt of wastes, including the total tonnage of waste received.
    - b. An evaluation of the facility's recycling program, if any, for the prior year describing the rates of recycling achieved, a breakdown by material type, and a description of how materials were marketed.
    - c. A summary of any operational problems or deficiencies encountered during the year, including odors or other nuisances, and including recommendations for changes or modifications to address the problem(s).
  3. The facility shall be operated and maintained in compliance with the applicable parts of the Department's Solid Waste Regulations 310 CMR 19.000, in particular 310 CMR 19.007 through 19.011 (rights of the Department, submittals, record keeping, monitoring and supervision), 19.043 ("Conditions for Permits and Authorizations") and 19.200 et seq. ("Part III: Transfer Station Design and Operations Standards").
  4. The facility shall not accept any Special Waste, including asbestos containing wastes except in compliance with an approval issued by the Department, in writing, pursuant to 310 CMR 19.061, Special Waste.
  5. In the event any load of waste is rejected by the Brookline Transfer Station, or is returned to the Brookline Transfer Station, because the load contains infectious waste, the operator shall notify the Department's Division of Solid Waste Management,

Northeast Regional Office within two (2) hours by FAX. If FAX machine is not available, this notification may be made by phone instead within two (2) hours. Such notification by phone shall be followed up by a certified letter within 24 hours. This notice (and follow-up letter where applicable) shall provide to the Department the following information:

- a. original load;
- b. description of load;
- c. reason for rejection;
- d. name of hauler and license plate number of the vehicle involved; and
- e. disposition of the load, including final destination.

Pursuant to M.G.L.c. 111, section 150A and 310 CMR 19.023, the approval for this facility issued January 30, 1975 to Town of Brookline, as amended by this approval, shall constitute a permit and Authorization to Operate (ATO) the Brookline Transfer Station located on 815 Newton Street, Brookline, Massachusetts.

#### NOTICE OF RIGHT TO APPEAL

The Town of Brookline (the "Town") is hereby notified that it may within twenty-one (21) days file a request that this decision be deemed a provisional decision under 310 CMR 19.037(4)(a), by submitting a written statement of the basis on which the Town believes it is aggrieved, together with any supporting materials. Upon timely filing of such a request, the decision shall be deemed a provisional decision with an effective date twenty-one (21) days after the Department's receipt of the request. Such a request shall reopen the administrative record, and the Department may rescind, supplement, modify, or reaffirm its decision. Failure by the Town to exercise the right provided in this section shall constitute a waiver of the Town's right to appeal.

Appeal. Any person aggrieved by the issuance of this permit, except as provided for under 310 CMR 19.037(4)(b), may file an appeal for judicial review of said decision in accordance with the provisions of M.G.L. c. 111, s. 150A, and M.G.L. c. 30A, not later than thirty (30) days following the receipt of the final permit. The standing of a person to file an appeal and the procedures for filing such appeal shall be governed by the provisions of M.G.L. c. 30A. Unless the person requesting an appeal requests and is granted a stay of the terms and conditions of the permit by a court of competent jurisdiction, the permit decision shall remain effective.

Notice of Action. Any aggrieved person intending to appeal the grant of this permit to the Superior Court shall first provide notice to the Department of their intention to commence such action. Said notice of intention shall include the Department file number and shall identify with particularity the issues and reasons why it is believed the permit decision was not proper. Such notice shall be provided to the Office of General Counsel of the Department and the Regional Director for the regional office which processed the permit application. The appropriate addresses to which to send such notices are:


General Counsel  
Department of Environmental Protection  
One Winter Street - 3rd Floor  
Boston, MA 02108

Regional Director  
Department of Environmental Protection  
10 Commerce Way  
Woburn, MA 01801

No allegation shall be made in any judicial appeal of this permit decision unless the matter complained of was raised at the appropriate point in the administrative review procedures established in those regulations, provided that a matter may be raised upon a showing that it is material and that it was not reasonably possible with due diligence to have been raised during such procedures or that matter sought to be raised is of critical importance to the environmental impact of the permitted activity.

Should you have any further questions regarding this matter, please contact Mr. Aroon Shah at the letterhead address or at (617) 935-2160.

Very truly yours,

  
Edward H. MacDonald  
Regional Engineer for  
Waste Prevention

EHM/AS

cc: DEP/DSWM/Boston, Attn: Philip Weinberg, Acting Director  
DEP/NERO, Attn: Kevin Mahoney  
Brookline Board of Health



Enter your Transmittal # W 0 0 9 3 3 1

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

## Massachusetts Department of Environmental Protection

### Transmittal Form for Permit Application and Payment

#### A. Application Information

Permit, approval or other category: B W P S W 0 7 (7 or 8 character code from first page of "How to Apply" instructions, e.g. BWPAQ01, BRPWP59b, etc.)

Name of Permit Category Modification of a Large Handling Facility

Brief Project Description Waste Ban Compliance Plan

#### B. Applicant or Legally Responsible Official

Last Name DeMaio First Name Thomas Middle Initial A

Address 333 Washington Street

City/Town Brookline State MA Zip Code 02445 Telephone Number: 617 730-2156 ext.

Contact \_\_\_\_\_

#### C. Facility, Site or Individual Requiring Approval

Name of Facility, Site or Individual Brookline Transfer Station

Address 815 Newton Street

City/Town Brookline State MA Zip Code 02467 Telephone Number: 617 730-2156 ext.

#### D. Application Prepared by

Last Name Ditto First Name Peter Middle Initial M

Address 333 Washington Street

City/Town Brookline State MA Zip Code 02445 Telephone Number: 617 730-2138

Contact \_\_\_\_\_ LSP Number (for 21E only) \_\_\_\_\_

#### For DEP Use Only

Permit No. \_\_\_\_\_  
Rec'd Date \_\_\_\_\_  
Reviewer \_\_\_\_\_  
 Approved  Denied  
Decision Date \_\_\_\_\_

#### E. Multiple Permit Project Coordination

DEP offers coordinated reviews of multiple permit projects. Check here  if this application is part of a larger project for which two or more DEP permits are being or will be sought. Please indicate the project's EOE file number (assigned when an Environmental Notification Form [ENF] is submitted to the Massachusetts Environmental Policy Act [MEPA] unit.)

EOEA#

Project is not subject to MEPA

Is this the first DEP permit application submitted for the project?  yes  no If no, indicate previously assigned DEP Project Code:

List the other DEP permits that apply to this project:

	(tentative or actual)	(if application already submitted)

#### F. Amount Due

##### Special Provisions:

- Fee Exempt\* (city, town or municipal housing authority) (state agency if fee is \$100 or less)
- Hardship Request (payment extensions according to 310 CMR 4.04(3)(c))
- Alternative Schedule Project (according to 310 CMR 4.05 and 4.10)

\*There are no fee exemptions for 21E, regardless of applicant status

Check # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to the Commonwealth of Massachusetts. Please mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211



**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention – Solid Waste Management

W009331

Transmittal #

TR0046.003

Facility ID (if known)

**BWP SW 07** Modification of a Large Handling Facility

**BWP SW 11** Landfills - Major Modification

**BWP SW 21** Modification of a Small Handling Facility

**BWP SW 22** Landfills - Minor Modification

Application for Solid Waste Management Facility Modification

**A Project Information** (all applicants must complete this section)

**Directions:**  
 Specify the plan/report and page numbers in which the following information is located.

1. Which permit category are you applying for?

- BWP SW 07     BWP SW 11  
 BWP SW 21     BWP SW 22

2. Is MEPA review required for this project?    Yes     No

3. Permit Modification (310 CMR 19.039)

a. General Description (310 CMR 19.039(1))

(1) Effect on Current Operation

(2) Effect on Capacity

(3) Effect on Operating Life

b. Effect on Public Health Safety or the Environment (310 CMR 19.039(3))

4. Currently Valid Department Approvals

Plan / Report #                      Page #

Attachment G

N.A.

"

"

"

Attachment 1

DEP USE ONLY

**B Project Information**

1. Plan/Report Modifications and/or Revisions

a. Waste Control Plans (310 CMR 19.017)

Attachment G

b. Facility Plan (310 CMR (19.030(3)(c))

(1) Site Plan (310 CMR 19.030(3)(c)1)

N.A.

(2) Recycling/Composting Plan  
 (310 CMR 19.030(3)(c)2.)

"

MSW and Demolition  
 Landfills and Combustion Facilities

"

(3) Facility Design Plan (310 CMR 19.030(3)(c) 3.)

(4) Operation and Maintenance  
 (310 CMR 19.030(3)(c) 4.)

"

(5) Closure/Post-Closure Plan  
 (310 CMR 19.030(3)(c) 5.)

"

(6) Hydrogeological Study  
 (19.104(3))

"

**Note:** Complete only sections applicable to requested modification. Enter NA if not applicable.



**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention – Solid Waste Management

W009331  
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*Application for Solid Waste Management Facility Modification*

**C Permit Review Documentation and Criteria**

**Note:** Complete all sections applicable to requested modification. Refer to referenced regulation citation for applicability. Enter NA if not applicable

	Plan/Report#	Page #	DEP USE ONLY
1. Documentation			
a. Site Assignment Documentation (310 CMR 19.030(3)(e))	N.A.		
b. MEPA Status (310 CMR 19.030(3)(f))	"		
c. Wetlands Order of Conditions	"		
d. Waste Disposal Contract (Transfer Station)	"		
e. Financial Assurance Estimate and Mechanism (310 CMR 19.051)	"		
2. Permit Criteria (310 CMR 19.038)			
a. MEPA Compliance	"		
b. Site Assignment Limits	"		
c. Compliance with Facility Specific Regulations	"		
d. Health & Environmental Impact Assessment	"		
e. Compliance with other applicable laws and regulations	"		
f. Compliance with Waste Control	"		
g. Enforcement Status	"		
h. Bird Hazard	"		
i. Structural Support	"		
j. Wildlife Endangerment	"		
k. Location Restrictions	"		
1. Combustion Facilities and Handling Facilities	"		
a. Zone II	"		
b. IWPA	"		
c. Unmonitorable Area	"		
d. Waste Handling Setbacks	"		



**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention – Solid Waste Management

W009331

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Application for Solid Waste Management Facility Modification

**C Permit Review Documentation and Criteria (cont.)**

	Plan/Report#	Page #	DEP USE ONLY
2. Landfills			
a. Zone II	N. A.		
b. Public Water Supply	"		
c. IWPA	"		
d. Sole Source Aquifer	"		
e. Unmonitorable Area	"		
f. Gas Control	"		
g. Leachate Containment Structures	"		
h. Waste Deposition Setbacks	"		
i. Seismic Impact Zone	"		
J. Unstable Area	"		

**D Certification: 310 CMR 19.011**

Any person, required by these regulations or any order issued by the Department, to submit papers shall identify themselves by name, profession, and relationship to the applicant and legal interest in the facility, and make the following certification: "I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment.

A. Thomas DeMaio

Print Name

*[Handwritten Signature]*

Authorized Signature

Commissioner of Public Works

Position/Title

December 15, 1999

Date



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention • Solid Waste Management  
Permits for Solid Waste Management Facility Modifications

**BWP SW 07    Modification of a Large Handling Facility**  
**BWP SW 11    Landfills - Major Modifications**  
**BWP SW 21    Modification of a Small Handling Facility**  
**BWP SW 22    Landfills - Minor Modifications**

*Application Completeness Checklist*

- The DEP Transmittal Form is completed.
- Application Checklist has been completed.
- One copy of the modifications with reports (if applicable) are attached.
- A Massachusetts Registered Professional Engineer has prepared the modified plans and reports and signed them.
- Certification statement submitted and signed (310 CMR 19.011).
- Signature of appropriate responsible party (signatories (310 CMR 19.030 (11))).
- Variances requested are identified.

To submit the application package:

- Checklist items have been completed.
- Send two copies of the application along with the *white* page from the DEP Transmittal Form to:

Department of Environmental Protection  
~~Northeast~~ \*Regional Office  
Solid Waste Management  
\*See back cover of this kit for addresses of DEP Regional Offices.

- Send fee of:  
N. A.  
\$1,500 for BWP SW 07;  
\$2,450 for BWP SW 11 when MEPA review is required;  
\$1,800 for BWP SW 11 when no MEPA review is required;  
\$700 for BWP SW 21;  
\$700 for BWP SW 22;

in the form of a check or money order made payable to *Commonwealth of Massachusetts*, along with the *yellow* page from the DEP Transmittal Form to:

Department of Environmental Protection  
P.O. Box 4062  
Boston, MA 02211

**ATTACHMENT G**

**WASTE BAN COMPLIANCE PLAN FORM**

**Waste Ban Compliance Plan**

In accordance with 310 CMR 19.017, this form is to be submitted to the appropriate DEP Regional Office by January 1, 2000. Failure to submit a Waste Ban Compliance Plan could lead to enforcement action against the facility.

**Part A: General Information****1. Facility Information**

Facility Name: Brookline Transfer Station	Street Address: 815 Newton St.
City, State, ZIP: Brookline, MA 02467	
Telephone Number: (617) 730-2156	Contact Name, Title: A. Thomas DeMaio Commissioner of Public Works
Facility Type (check one): <input checked="" type="checkbox"/> Transfer/handling facility <input type="checkbox"/> Landfill <input type="checkbox"/> Solid waste combustor	

**2. Owner Information**

Owner Name: Town of Brookline	Street Address: 333 Washington St.
City, State, ZIP: Brookline, MA 02445	Contact Name, Title: Richard J. Kelliher, Town Administrator
Telephone Number: (617) 730-2211	

**3. Operator Information**

Operator Name: Schofield, Inc.	Street Address: 489 Neck Rd.
City, State, ZIP: Lancaster, MA 01523	Contact Name, Title: Timothy A. Birch
Telephone Number: (978) 368-8543	



# Waste Ban Compliance Plan

## Part C: Ongoing Waste Stream Monitoring

### 1. Detection

How will the facility screen all incoming loads for unacceptable quantities of restricted materials? See Guidance Document Section V – “Ongoing Waste Stream Monitoring” for description and Section VI-D for definition of unacceptable quantities.

Please check all that apply:

- Staff will look for banned materials as waste is dumped by truck.
- Staff will look for banned materials by observing and communicating with residents disposing of waste in designated areas.
- Staff will look for banned materials as waste is handled by facility personnel operating heavy equipment (i.e., a bulldozer, front end loader).
- Other \_\_\_\_\_

### 2. Record Keeping

Pursuant to 310 CMR 19.017 (5), the facility operator will record and maintain the following information on all loads discovered through ongoing monitoring to contain banned material above allowable limits delivered in vehicles with a capacity or over 5 (five) cubic yards (See Attachment A of the Guidance Document for suggested format):

- Date of inspection;
- Origin of waste (if known);
- Quantity of restricted materials discovered;
- Hauler and truck number;
- Disposition of restricted materials; and
- Documentation of communication follow-up with haulers and/or generators connected with failed loads, as described in the Guidance Document, Section VII

Please check:

- Attached is an example of facility’s Ongoing Monitoring Recording Sheet
- Facility Operator will record this information on the attached Ongoing Monitoring Recording Sheet

## Part D: Comprehensive Load Inspections

Please note: If the facility serves drive-in residential customers only (no private or commercial haulers), it is not required to conduct comprehensive load inspections. Please proceed to Part E: Failed Load Follow-Up.

Facilities should conduct a minimum number of comprehensive load inspections per month as indicated on the Inspection Frequency Chart : Please check the appropriate box on the chart below based on the facility’s permitted size.

	Facility Size in Permitted Tons per day	Minimum Number of Vehicles to Inspect per Month (vehicles must have at least 5 cubic yard capacity)
<input type="checkbox"/>	Municipal transfer station with no private haulers or commercial users	0
<input type="checkbox"/>	1-99	2
<input checked="" type="checkbox"/>	100-299	4
<input type="checkbox"/>	300-499	6
<input type="checkbox"/>	500-999	8
<input type="checkbox"/>	1000 +	10



## Waste Ban Compliance Plan

### 4. Record Keeping

Pursuant to 310 CMR 19.017 (5) the facility operator will record and maintain the following information on comprehensive load inspection activities. *See Attachment B of the Guidance Document for suggested format.*

- Date of inspection
- Origin of waste (if known)
- Quantity of restricted materials discovered
- Hauler and truck number
- Disposition of waste
- Documentation of communication follow-up with haulers and/or generators connected with failed loads, as described in the Guidance Document, Section VII.

Please check:

- Attached is an example of facility's inspection recording sheet
- Facility operator will record this information on the attached sheet

## Part E: Failed Load Follow-Up

### 1. Communication

Please refer to the Guidance Document, Section VII-A for a description of communication procedures.

- **WASTE SOURCE – COMMERCIAL/PRIVATE HAULER** NOT APPLICABLE  
Please provide a sample letter that will be sent to any hauler that delivers a failed load to the facility, describing which material(s) caused the failure, and encouraging the hauler to work with its customers to separate their trash. Accompanying this letter should be a DEP Fact Sheet explaining the waste bans. *Refer to the Guidance Document, Attachment C, for suggested language, and Attachment D for the fact sheet.*
- **WASTE SOURCE – MUNICIPALLY-RUN OR CONTRACTED COLLECTION** NOT APPLICABLE  
Please provide a sample letter that will be sent to any municipality from which unacceptable quantities of banned material was received, describing the materials and encouraging the community to contact DEP for technical assistance. Accompanying this letter should be a DEP Fact Sheet explaining the waste bans. *See Attachment E for suggested language and Attachment D for the fact sheet.*
- **WASTE SOURCE – WASTE DELIVERED IN VEHICLES WITH LESS THAN A 5 CUBIC YARD CAPACITY**  
How will the facility inform individuals identified through ongoing monitoring that are not separating banned material from their solid waste? (check all that apply) NOT APPLICABLE
  - Verbally inform the individual about the waste bans and that the facility is not allowed to mix restricted materials with solid waste
  - Give the individual the DEP Waste Ban Fact Sheet or similar written material
  - Direct the individual to the facility's recycling and/or composting area
  - Give the individual a recycling brochure
  - Other \_\_\_\_\_
  - N/A - The facility does not service individuals delivering waste in small vehicles



## Waste Ban Compliance Plan

### Materials Management (con't)

Please describe how materials will be handled for recycling:

- Individuals place materials in designated areas
- Materials will be manually and/or mechanically separated by facility
- Other: \_\_\_\_\_

Under which conditions will the facility dispose of restricted materials other than lead acid batteries, white goods, CRTs, and whole tires at landfills?

- Worker safety
- Operational considerations
- Materials not recoverable
- Other: Under existing contract

### Compliance Plan Checklist

Are the following items attached?

- Sample signage
- Comprehensive Inspection Reporting Sheet
- Ongoing Monitoring Reporting Sheet
- Sample letter to haulers
- Sample letter to contract municipality
- Permit modification application, if necessary
- Cover letter from facilities being reviewed in accordance with the Presumptive Approval Process
- Is the certification below signed?

### Certification

I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am fully authorized to make this attestation on behalf of this facility and am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

I also understand that adherence to this Waste Ban Compliance Plan constitutes compliance with the provisions of 310 CMR 19.017. I am aware that if the facility is found to be in non-compliance, DEP enforcement actions may be taken, including written notices of non-compliance, consent orders, unilateral orders or referral to the Attorney General's office. No modifications of this plan are permitted unless approved in writing by DEP

Signature:  Date: 12/16/99

Print Name: A. Thomas DeMaio Phone Number: (617) 730-2156

Title: Commissioner of Public Works Organization Name: Town of Brookline